

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045807

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11122

STATE FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **3824 A. Ashland Avenue**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)
3824 A. Ashland Avenue

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Andrew

Miller, Sr.

4. DATE OF DEATH

Month

Day

Year

11

7

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-4-1904

9. AGE (last birthday)

59

10. IF UNDER 1 YEAR

Months Days Hours Min.

10

3

3

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Freight Checker

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Grant Miller

13b. MOTHER'S MAIDEN NAME

Virginia Dixon

14. NAME OF HUSBAND OR WIFE

Edith Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

Yes

16. SOCIAL SECURITY NO.

WW #1

17. INFORMANT

Edith Miller

Address

3824 A. Ashland Avenue

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardio-Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

442X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF INJURY

Hour a.m. p.m. **None**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

None

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

20f. CITY, TOWN, OR LOCATION

None

COUNTY

None

STATE

None

21. I attended the deceased from **Sept 17 1963** to **Nov 7 1963** and last saw him alive on **Nov 6 1963**

Death occurred at **3 59 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Tracy S. Anderson M.D.

22b. ADDRESS

4969 Euclid

22c. DATE SIGNED

11-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-12-63

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (city, town, or county)

Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home, Inc. 2820 Stoddard St.

25. DATE RECD. BY LOCAL REG.

NOV 12 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

INSTEAD OF

VS 300
Rev. 4/59

1

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.